## **COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM** PERIOD JULY 1, 2012 - JUNE 30, 2013 Deadline: July 12, 2013 DOARD OF COMMENT OF COMMEN

**DEPARTMENT/COURT INFORMATION:** 

1.

2.

COUNTY OF SAH DIEGO

2013 JUL 10 PM 2 52

	aranem Court.	Health & I					HOMAS		
Divi	sion/Unit:	Public Hea	alth Service	es/ TB C	ontrol &	Refugee	Health	) 	 2000
VOI	LUNTEER PI	ROGRAM I	BENEFIT	S:			<b>0</b> 1 00	í	
a.	GENERAL student inte	VOLUNTE ern, groups, o	ERS (this corporation	s section ns, etc.)	should	include	comm	unity	volunt
No.	. Vol. <u>2</u>	Hours 6	<u>08</u> x	\$22.1	14 =	- <b>S</b>	3,461	.12	
Assi:	es of work perf sted in gathe ous reports. iments and cr INSTITUT	ring backg Also, assisteating flier	round inf ted with s and brod LUNTEER	formation administration that the second sec	n for retrative s	esearch activities	papers, s, such	and g	ormatt
	honor camp	inmates, P	IC/RETC,	GAÎN, e	tc.)				
No.	. Vol	Hours		_ x	\$22.14	=	\$		
	SPECIALIZ Volunteers example, a		NSTITUTI  NTEERS ns requiri physician le compens	(this secong special sports sation lev	vOLUN'	TEERS is all inclusions and/or celebria.	n this ca de utiliz r experity). The	zation	of Spe
Туре	SPECIALIZ Volunteers example, a	ZED VOLU in position attorney, ave verifiable	NSTITUTI  NTEERS ns requiri physician le compens	(this secong special sports sation level and con	tion showific skil figure ovels (VC)	TEERS is all inclusions and/or celebria.	de utilizer experity). The unique so	zation	of Spe evels, peciali
Туре	SPECIALIZ Volunteers example, a positions ha	ZED VOLU in position attorney, ave verifiable cate the posi	NSTITUTI INTEERS ns requiri physician, le compens tion, hours	(this secong special sports sation level and con	tion shortific skil figure ovels (VC)	TEERS is all inclused in the second inclusion in the second including the second in th	de utilizer experity). The unique solution is the control of the c	zation tise l hese s such a	of Spe evels, peciali volunt

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

 $\label{eq:continuous} Provide\ TB\ Clinic\ services\ for\ the\ diagnosis,\ care,\ and\ treatment\ of\ tuberculosis\ cases and\ suspect\ cases\ in\ the\ TB\ Control\ Clinic.$ 

d.	TOT	ALS OF DEPART	MENT VOI	LUNTEERS (1	from abov	ve):		
		No. of Volunte	<u>ers</u>	<u>Hour</u>	<u>s</u>	Do	ollar Benefit	
		2a: <b>2</b>		<u>608</u>			\$ <u>13,461.12</u>	
		2b:						
		2c: <u>1</u>		<u>96</u>			\$ <u>8,640.00</u>	-
•	TOT	ΓALS: <u>3</u>	Tot	al Hours 704		Total Value	\$ 22,101.12	
3.	DO	NATIONS TO VO	LUNTEER	PROGRAM	: N/A			
	dona book	se list all donation ations and <u>tangible/i</u> cs, etc. Please assi ations section.	ns to the c ntangible it gn a fair m	lepartment's ems. Items su narket value t	Voluntee ich as coi o each ai	r Program inc mputers, air tim nd add to the t	luding mone te, transportat otal value of	tary ion, the
	Item	Donated:			Value:			
	Item	Donated:			Value:			
	Item	Donated:			Value:			
					ТОТ	AL VALUE \$		
4.	VO	LUNTEER PROG						
	a.	Cost of direct s hourly rate of sta	upervision off person(s)	of volunteers directly supe	(total horizing p	ours of direct s rogram volunte	supervision ti ers.	mes
		Hours 2 x Ra				<u>\$ 569.</u>	<u>01</u>	
		Hours <u>3</u> x Ra	ate \$128.77	Chief		·		
	b.	Cost of program rate of coordin compiling stati recognition, etc.	nator(s)).	This section	should	include coord	ination of s	taff,
		Hoursx	Rate	\$	=			

The state of the s	
TOTAL OF OTHER PROGRAM COSTS	= \$
d. TOTAL OF VOLUNTEER PROGRAM (add 4a, 4b, and 4c)	COST = \$ <u>569.01</u>
NET BENEFIT TO DEPARTMENT FROM	M VOLUNTEER PROGRAM:
a. Total Dollar Benefits of Volunteers, Item 20	d (Page 2) \$\frac{22,101.12}{}
b. Total of Donations to Volunteer Program, I	tem 3 (Page 2)
c. Subtract Total of Volunteer Program Costs,	Item 4d (Page 3) \$ <u>569.01</u>
TOTAL PROGRAM BENEFIT	<u>\$ 21,532.11</u>
RECRUITING:	
Please describe your recruiting programs:	

## 8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

## 9. **GENERAL INFORMATION:**

Name of Person Completing Report: <u>Janette Dubski</u>

Phone Number: (619) 692-8629 Mail Stop: P511D E-Mail: Janette.Dubski@sdcounty.ca.gov

Volunteer Coordinator: Saman Yaghmaee

Phone Number: (619) 542-4133 Mail Stop: P578 E-Mail: saman.yaghmaee@sdcounty.ca.gov

## 10. **DEPARTMENT CERTIFICATION:**